

Practitioner's Docket No. HD41/02

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: DONALD E. HUDSON

Application No.:

Group No.

Filed: Herewith

Examiner:

For: PERSONAL EXERCISE SYSTEM

Commissioner for Patents
Alexandria, VA 22313-1450

ATTENTION: Group Director, Group _____ (M.P.E.P. § 1002.02(c))

PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE
(37 C.F.R. § 1.102(c) AND M.P.E.P. § 708.02 IV)

NOTE: See M.P.E.P. § 708.02, 7th ed.

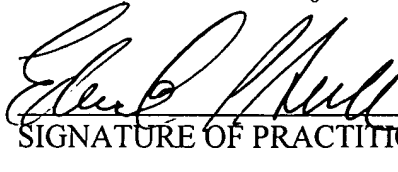
Applicant hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is:

(check one of the following)

- ☒ applicant's birth certificate
- ☐ a declaration by the applicant that he/she is over 65 years of age.

No fee is required with this petition, in accordance with 37 C.F.R. § 1.102(c).

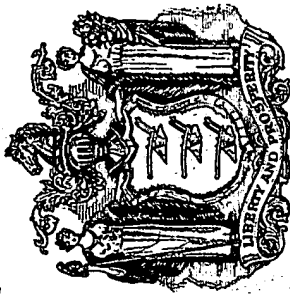

SIGNATURE OF PRACTITIONER

Reg. No.: 46,676

Tel. No. (727) 734-2855

Edward P. Dutkiewicz
640 Douglas Avenue
Dunedin, Florida 34698

State of New Jersey



Certificate and Record of Birth

This Certifies that, a certificate of birth has been filed with the proper officer in the municipality of Long Branch county of Monmouth bearing the name of Corrad Hudson who was born on June 21, 1939 at Dr. C. C. Hazard Hospital
(STREET AND NUMBER OR OTHER LOCATION)

Name of attendant at birth C. C. Hazard, M.D.

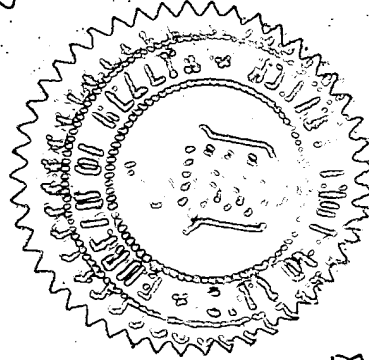
Name of Father Robert Fulton Hudson

Maiden name of Mother Cheryl G. Brannon

Signed W. B. Buickbraas

REGISTRAR OF VITAL STATISTICS

Date of Issue July 8, 1939



USHER PUBLISHING COMPANY, INC. TRENTON, N. J.

NEW JERSEY STATE DEPARTMENT OF HEALTH
TRENTON, N. J.JANUARY 25, 1972
(Date)

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT

F. Merton Baybold

State Registrar of Vital Statistics

James F. Curran M.D.

State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE
STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

M52.

PLACE OF BIRTH		STATE DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS	
County	<i>Monmouth</i>	State	<i>New Jersey</i>	Registered No.	<i>381</i>
Township	<i>Ocean</i>	or Borough	<i>THE DR. E. C. HAZARD HOSPITAL</i>	St.	
City	<i>Long Branch</i>	No.		Ward	
Kindly Print or Type FULL NAME OF CHILD Surname last, first name here <i>Donald Hudson</i>					
SEX	<i>Male</i>	If plural births	Twin, triplet, or other	Legitimate?	Date of birth
			Number, in order of birth	<i>Yes</i>	<i>June 21, 1939</i>
FATHER			MOTHER		
FULL NAME <i>Robert Lytton Hudson</i>			FULL MAIDEN NAME <i>Rhea A. Brannon</i>		
RESIDENCE (City, Borough, etc.) <i>Hightstown, Eaten...</i>			RESIDENCE (Mail Address) <i>Long Branch, N.J.</i>		
COLOR OR RACE	<i>White</i>	AGE AT LAST BIRTHDAY	<i>29</i>	COLOR OR RACE	<i>White</i>
BIRTHPLACE	<i>Brooklyn, N.Y.</i>		AGE AT LAST BIRTHDAY	<i>25</i>	BIRTHPLACE <i>Cleveland, Ohio</i>
OCCUPATION	Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Catholics</i>		OCCUPATION <i>Housewife</i>		
Industry or business in which work was done, as silk mill, sawmill, bank, etc. <i>General</i>		Date (mo. and yr.) last engaged in this work		Total time (years) spent in this work	
What Preventive for Ophthalmia Neonatorum was used? <i>None</i>		WAS A BLOOD TEST FOR SYPHILIS MADE? <i>Yes</i>		Date Specimen Taken <i>June 16-1939</i>	
For Congenital Deformity report on last page of this book.		Number of children of this mother (At time of this birth and including this child)		Born alive and now living <i>5</i>	
I hereby certify that I attended the birth of this child, who was born alive on the date above stated at <i>11:50 P.M.</i>				Born alive but now dead <i>Stillborn 2</i>	
Given name added from a supplemental report		(Signature) <i>[Signature]</i>		Date <i>6-22-39</i>	
, 19		Address <i>Long Branch, N.J.</i>		(Physician or Midwife)	
Registrar.		Received <i>June 27, 1939</i>		Local Registrar.	

BEST AVAILABLE COPY